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7590

06/03/2004

COOK, ALEX, MCFARRON, MANZO,  
 CUMMINGS & MEHLER, LTD.  
 SUITE 2850  
 200 WEST ADAMS STREET  
 CHICAGO, IL 60606

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Cristine M. Noll

(Depositor's name)

Cristine M. Noll

(Signature)

August 31, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/911,156	07/23/2001	Jun Koyama	SEL 270	4499

TITLE OF INVENTION: METHOD OF DRIVING DISPLAY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$30	\$0	\$30	09/03/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHILOGENE, HAISSA	2821	315-169100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Cook, Alex, McFarron,  
 Manzo, Cummings & Mehler,  
 2 \_\_\_\_\_ Ltd.  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Semiconductor Energy  
 Laboratory Co., Ltd.

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

☒ Issue Fee - Difference from previously☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee paid fee☐ Payment by credit card. Form PTO-2038 is attached.☒ Advance Order - # of Copies 10 (Previously paid for)☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50/1039 (enclose an extra copy of this form).

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Adjustment date: 09/07/2004 AWONDAF2  
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